

YOUTH ANNUAL CONFERENCE HEALTH/VIDEO RELEASE FORM

This form must be filled out by every youth and adult attending YAC and all persons under 21, who are on their parent's/guardian's insurance plan, must have a parent/guardian signature on this form.

Please complete this form for each attending participant and **do not mail**.

Name _____ Local Church _____
Address _____ City, State _____ Zip _____
Church Group Leader _____ Group Leader Phone _____

Name and phone numbers to call in case of an emergency

01 Name: _____ Relationship _____
Day Phone: _____ Evening Phone _____
Cell Phone: _____ Alternate Phone _____
02 Name: _____ Relationship _____
Day Phone: _____ Evening Phone _____
Cell Phone: _____ Alternate Phone _____

Are you currently taking any medications? _____ Yes _____ No

If yes, please list* _____

Do you have any special condition(s) we should be aware of (Epilepsy, Diabetes, etc.)?*

Are you allergic to anything? _____ Yes (If Yes, please list)* _____ No

Date of last tetanus shot _____

Parent's Authorization

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed YAC 2019 activities except as noted by me.

I, the undersigned parent or guardian, do hereby grant permission for my child, _____, to attend YAC June 7-9, 2019 at Lakeside, Ohio. In order for my child to receive the necessary medical treatment in case of an injury or illness, I hereby authorize event staff to obtain and consent to medical treatment for my child for such injury or illness during the event, and I hereby hold harmless in the exercise of this authority the event staff, The United Methodist Church of the East Ohio Conference and their representatives, and The Lakeside Association and their representatives.

I further understand that while at YAC 2019 the local church, listed above, is responsible for the care of the child whose name appears on this form throughout the entire weekend of June 7-9, 2019. The church Youth Leader accompanying this group (listed above) has informed me of the accommodations and sleeping arrangements for our youth group, and I have also been directed as to how to contact my child in the case of an emergency at home.

Picture and Video Waiver

I give permission to the Conference Council of Youth Ministries of the East Ohio Conference of The United Methodist Church to use pictures of my teenager, listed above, in their promotion of events, including promotion on the Conference website, and worship services at these events. I realize that no names will be attached to these pictures.

Parent/Guardian Signature _____ Date _____
Parent/Guardian Printed Name _____ Date _____

*Please attach additional sheets if necessary